

No. 03-0168-CP2

Estate of Donald Wesley Black,  
Deceased

In the County Court  
of Williamson County  
In Matters Probate

## Letters Testamentary

The State of Texas  
County of Williamson

I, Nancy E. Rister, Clerk of the County Court, Williamson County, Texas,  
do hereby certify that on the 22nd day of April, 2003,

**Mary Diane Black**

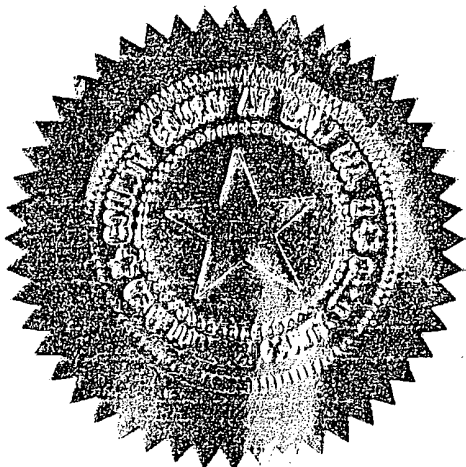
qualified according to law as Independent Executor of the Estate of Donald Wesley  
Black, Deceased and said qualification is still in full force and effect.

These Are, Therefore, Given, to prove his capacity to act as such.

Witnessed, my hand and the seal of the County Court of Williamson County, at  
Georgetown, Texas, this the 22nd day of April, 2003.

Nancy E. Rister, County Clerk  
Williamson County, Texas

By S. Filmore  
Deputy



# CERTIFICATE OF VITAL RECORD

## CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST <b>Donald</b>		(b) MIDDLE <b>Wesley</b>		(c) LAST <b>Black</b>		(d) MAIDEN		2. SEX <b>Male</b>		3. DATE OF DEATH <b>Sept 7, 2002</b>	
4. DATE OF BIRTH <b>Aug 29, 1963</b>		5. AGE (IN YEARS) <b>39</b>		IF UNDER 1 YR MO DAYS HOURS MIN		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Amherst, Texas</b>		7. SOCIAL SECURITY NO. <b>466-49-2005</b>			
8. RACE <b>Caucasian</b>		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (9-12) COLLEGE (13-16, 17+) <b>16</b>			
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Mary Diane Scott</b>				14a. DECEDENT'S USUAL OCCUPATION <b>Software Developer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Computers</b>			
15a. RESIDENCE STREET ADDRESS <b>1009 Oaklands Drive</b>						15b. CITY OR TOWN <b>Round Rock</b>					
15c. COUNTY <b>Williamson</b>		15d. STATE <b>Texas</b>		15e. ZIP CODE <b>78681</b>		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. FATHER'S NAME <b>Houston Malone Black</b>				17. MOTHER'S MAIDEN NAME <b>Minnie Belle Wells</b>							
18. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)											
19. COUNTY OF DEATH <b>Travis</b>				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>Austin</b>				21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>North Austin Medical</b>			
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mary D. Black - wife</i>						23. MAILING ADDRESS OF INFORMANT <b>78681 1009 Oaklands Dr. Round Rock, TX</b>					
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>Capital Memorial Park</b>				25b. Section <b>T</b>		29. NAME & ADDRESS OF FUNERAL HOME <b>Beck Funeral Home 15709 Ranch Rd 620 Austin, Texas 78717</b>			
		25c. LOCATION (CITY, STATE) <b>Pflugerville, Texas</b>				Block <b>43B</b>					
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Luella Beck 11/21</i>				Space <b>2</b>					
						Unknown <input type="checkbox"/>					
						28. DATE OF DISPOSITION <b>9-10-2002</b>					
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE											
31. SIGNATURE & TITLE OF CERTIFIER <i>Roberto J. Bayardo</i> <b>Roberto J. Bayardo, M.D.</b>						32. DATE SIGNED MO DAY YEAR <b>09 07 02</b>		33. TIME OF DEATH <b>11:00 am</b>			
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>P O BOX 1748 Austin, TX 78767</b>											
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Pulmonary thrombo-emboli</b> Sudden DUE TO (OR AS A LIKELY CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d.											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)									
		41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. <b>02 2985</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 09 2002</b>				42c. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>					

WARNING: The penalty for knowingly making a false statement in this form can be 2 to 10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 191.051)

S173080

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

SEP 09 2002

*Raguel Moreno*  
Local Registrar

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